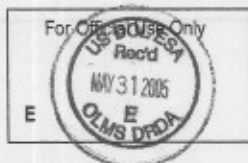


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2771</u>	2. Fiscal Year Covered From: <u>11</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JEFFREY D. HEIMER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4056 McLAUGHLIN AVE</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90066</u>	4. Name, file number, and address of labor organization. Name <u>DIRECTORS Guild of AMERICA</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>7920 SUNSET BLVD.</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90046</u>
5. Position in labor organization. <u>CREDITS ADMINISTRATOR</u>	

A1 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>SONY MARKETING - MICHELLE KRAHER</u> Trade Name, if any: <u>COLUMBIA/TRI STAR VISION PICTURE GROUP</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10202 WEST WASHINGTON BLVD</u> City <u>CULVER CITY</u> State <u>CA</u> ZIP Code + 4 <u>90232</u>	7.a. Nature of Interest, Transaction, or Income. <u>GIFT OF 3 DVDs</u> <u>rec'd on or about 5/1/2004</u> 7.b. Amount. <u>\$25 - \$60</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jeffrey D. Heimer

On

5/20/05
Date

310-289-2012
Telephone Number

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

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For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2171	2. Fiscal Year Covered From: 1/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization. Name Labor Organization File Number P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
5. Position in labor organization.	

A2 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name FOX MARKETING - PAUL DI GIORNI Trade Name, if any: 20th CENTURY FOX FILM CORP. P.O. Box, Bldg., Room No., if any P.O. BOX 900 Street City BEVERLY HILLS State CA ZIP Code + 4 90291	7.a. Nature of Interest, Transaction, or Income. hunch on July 15, 2004 7.b. Amount. Between \$25 ⁰⁰ - \$40 ⁰⁰
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

3. Name and address of person filing.		4. Name, file number, and address of labor organization.	
Name _____		Name _____	
P.O. Box, Bldg., Room No., if any _____		Labor Organization File Number _____	
Street _____		P.O. Box, Building and Room Number, if any _____	
City _____		Street _____	
State _____ ZIP Code + 4 _____		City _____	
State _____ ZIP Code + 4 _____		State _____ ZIP Code + 4 _____	
5. Position in labor organization. _____			

A3 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Sony Television - Dana Hartington
Trade Name, if any: Columbia TriStar Television

P.O. Box, Bldg., Room No., if any _____

Street 10202 W. Washington Blvd

City Calver City

State CA ZIP Code + 4 90232

7.a. Nature of Interest, Transaction, or Income.

Lunch
on or about 8/26/2004

7.b. Amount.

approx \$25⁰⁰-40⁰⁰

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On _____

Date

Telephone Number